



ICE CREAM STREET VENDOR LICENSE APPLICATION
COMPLETE IN DUPLICATE

CITY LICENSE
(316) 268-4553

___ Individual Proprietorship \$2.00 Per day, per vehicle
___ Partnership \$10.00 Per month, per vehicle
___ Corporation \$25.00 Per six months, per vehicle

APPLICANT INFORMATION: Complete the information below for the following persons:

- The applicant;
- Individual proprietor (if different than the applicant);
- Each person in a partnership;
- All officers owning any financial interest in the business;

If more space is needed, use the reverse side of this application or attach a separate piece of paper to this application.

Full Name		Phone	
Address		Zip Code	

Name of liability insurance company: _____

Number of vehicles to be operated: _____

Type of vehicles to be operated: _____

VEHICLE INFORMATION: Complete the following information for each vehicle to be operated. If more room is needed, use the reverse side of this application or attach a separate piece of paper to this application.

Type	
Model	
Motor Number	
Chassis Number	
State License Number	

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

	Approved	Disapproved	Date
Health			
Police			
Law Department			
License Number		Date Issued	Expiration Date